



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
CONSUMER PROTECTION SERVICES

PO Box 329
TRENTON, NJ 08625-0329

RICHARD J. CODEY
Acting Governor

TEL (609) 292-5316 EXT 50552
FAX (609) 984-2792

DONALD BRYAN
Acting Commissioner

INSURANCE EDUCATION PROVIDER APPLICATION

This application should be used to apply for initial approval to provide Prelicensing and/or Continuing Education as a New Jersey Insurance Education Provider and by existing providers to update Department records, renewal of authority, add new instructors, and to add or change authorized personnel.

Mail to: New Jersey Department of Banking and Insurance, Office of Consumer Protection Services- Insurance Education, 20 West State St., PO Box 329, Trenton, NJ 08625-0329

☐ **New Application-\$300 fee**

☐ **Renewal Application-\$300 fee**

☐ **Record Change:** Update Instructor List, Address Change, Update List of Authorized Personnel, Change Director **-No Fee**

Name of Provider: _____

Please note: The approval for the provider will be processed for the provider name listed on the application. The provider code assigned upon approval and any course codes issued to the provider may not be used by any other organization.

Provider Code (if applicable): _____

Address of Provider: _____

Name Director: _____

Producer Reference Number of Director: (if applicable) _____

Director's certification: I am applying for approval to operate the above named provider at the location listed on this application. I will not allow any other individual or organization to use my provider code or continuing education course codes to issue certificates or bank insurance continuing education credits. I have read N.J.A.C. 11:17-3.1 – 3.6 regarding insurance education and understand my responsibility as the director. I understand I am fully responsible for the activities as a provider and that failure to comply with the regulations governing insurance education may result in the imposition of penalties including but not limited to revocation or suspension of the approval and revocation, administrative penalty or suspension of my producer license where applicable. I understand that N.J.A.C. 11:17-3.2(a)2 prohibits any individual from being a director if his or her insurance producer license has been suspended, revoked, or surrendered for cause, and I certify that I have not had my insurance license suspended, revoked, or surrendered for cause. I certify that all of the information contained in this application\record update form is correct.

Director's Signature and Date

Director's Name (Please Print)

Authorized Personnel is defined as any person designated by the insurance education provider and approved by the Department to be authorized to submit insurance education provider certification forms, schedules, course approval forms, and other information not specifically required to be provided by the insurance education director on behalf of the insurance education provider.

Authorize Personnel Information:

Name: _____
Residence Address: _____
Telephone Number: _____ E-Mail Address: _____
Department License Reference Number: (if applicable) _____
Signature of Authorized Personnel: _____ Date: _____
Signature of Director: _____ Date: _____

Course Instructors: (attach additional copies of this form if needed)

Name of Instructors, Years of Insurance Experience, and Line of Authority:

1. _____
2. _____
3. _____
4. _____

Prelicensing Education Instructors: Identify the authority for each instructor and attach the appropriate verifications(s):

Life: Attach proof of passing the life instructor exam or verification of CLU or ChFC from the American College, or proof of status as a faculty member teaching insurance courses at an accredited college or university.

Health: Attach proof of passing the health instructor exam or verification of CLU or ChFC from the American College, or proof of status as a faculty member teaching insurance courses at an accredited college or university.

Property and/or Casualty: Attach proof of passing the property and/or casualty instructor exam or verification of CPCU from the American Institute, or proof of status as a faculty member teaching insurance courses at an accredited college or university.

Personal Lines: Attach proof of passing the Personal Lines instructor exam or verification of CPCU from the American Institute, or proof of status as a faculty member teaching insurance courses at an accredited college or university.

LL-Bail Bonds: Attach proof of passing the Bail Bond instructor exam or verification of CPCU from the American Institute, or proof of status as a faculty member teaching insurance courses at an accredited college or university.

Title: Attach proof of passing the title instructor exam or proof of status as a faculty member teaching insurance courses at an accredited college or university.

Instructor Certification: The information contained on this application about me is true and accurate. I have read N.J.A.C. 11:17-3.1 – 3.6 regarding the rules for insurance education. I understand I must conduct and administer the courses I teach in a manner reasonably calculated to assure that certificates or reports of courses attended and completed accurately reflect the students' attendance and performance. I understand that the director is responsible or monitoring my compliance with the insurance education regulations and that violations of these regulations may result in the Department of Banking and Insurance imposing penalties that may include but are not limited to suspension or revocation of the provider approval and suspension or revocation of my New Jersey insurance producer license where applicable. I understand that N.J.A.C. 11:17-3.1(3) prohibits any individual from being an instructor if his or her insurance producer license has been revoked, and I certify that I have not had my insurance license revoked.

1. _____
Print Name Date Instructor Signature
2. _____
Print Name Date Instructor Signature
3. _____

Print Name Date Instructor Signature

4.

Print Name Date Instructor Signature
